

12 March 1998

APPENDIX A
APPLICATION TO BECOME A LEAVE CONTRIBUTOR
UNDER THE VOLUNTARY LEAVE BANK PROGRAM

PRIVACY ACT STATEMENT (5 USC 6311 and 5 CFR 630)

Social Security Number and other data provided will be used in the operation of the Voluntary Leave Bank Program for the purpose of verifying balances and making appropriate leave transactions. Disclosure is mandatory. Failure to provide required information will result in non-acceptance of application for donation of leave to the Voluntary Leave Bank Program.

PART I - TO BE COMPLETED BY DONOR

TO	FROM (organization)	DATE
Leave Bank Board		

1. NAME (Last, First, MI)	2. SSN	3. JOB TITLE
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4. SERIES, GRADE, STEP	5. PAY (PA/PH)	6. PERSONNEL CODE	7. PAYROLL BLOCK
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8. A/L BALANCE	9. PAY PERIOD ENDING	10. A/L DONATION	11. RECIPIENT (Optional)
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I understand that I may donate annual leave that I have already accrued. I further understand that I may donate no more than one half the amount of annual leave I would accrue in a leave year (to the leave bank and through the voluntary leave transfer program). I certify that this donation is not designated for my immediate supervisor and is made freely without coercion or pressure from any management official and that no promise of benefit or favor has been made nor is expected. **I understand that this donation does not entitle me to status as a leave bank member.**

Donor's Signature _____ Date

PART II - To Be Completed by the Leave Bank Board

TO (Donor)	FROM	DATE
Leave Bank Board		

1. Your annual leave donation of _____ hours to the leave bank board (specified for _____) has/has not been accepted.

2. If your donation has been accepted, your annual leave balance will shortly be reduced by the number of hours donated. Leave donated to the leave bank may not be returned to you except if the leave bank is terminated and a decision is made to return leave to donors.

3. If your donation has not been accepted, it is because _____

Leave Bank Board Representative _____ Date

APPENDIX B
APPLICATION TO BECOME A LEAVE BANK MEMBER
UNDER THE VOLUNTARY LEAVE BANK PROGRAM

PRIVACY ACT STATEMENT (5 USC 6311 AND 5 CFR 630)

Social Security Number and other data provided will be used in the operation of the Voluntary Leave Bank Program for the purpose of verifying balances and making appropriate leave transactions. Disclosure is mandatory. Failure to provide required information will result in non-acceptance of your application.

MINIMUM CONTRIBUTION FOR LEAVE BANK MEMBERSHIP FOR LEAVE YEAR 19__

4 Hours of Annual Leave (employees with less than 3 years of service at the time of this application).

6 Hours of Annual Leave (employees with at least 3, but less than 15, years of service at the time of this application).

8 Hours of Annual Leave (employees with 15 or more years of service at the time of this application).

(Subject to modification - see CELRDP 690-1-9, para 7g).

PART I -

TO BE COMPLETED BY PROSPECTIVE LEAVE BANK MEMBER

TO

FROM (organization) DATE
Leave Bank Board

1. NAME (Last, First, MI) 2. SSN 3. JOB TITLE

4. SERIES, GRADE, STEP 5. PAY (PA/PH) 6. PERSONNEL CODE 7. PAYROLL BLOCK

8. A/L BALANCE 9. PAY PERIOD ENDING 10. ANNUAL LEAVE
CATEGORY AS OF TODAY

I wish to become a leave bank member for the leave year specified above. My signature below provides authorization for the amount of annual leave specified for my leave category to be deducted from my annual leave balance and submitted to the leave bank board for inclusion in the Voluntary Leave Bank Program. I understand that once I donate this leave it will not be returned to me unless the leave bank is terminated and a decision is made to return leave to donors. I understand that while acceptance of this leave donation will confer the status of a leave bank member for the subject leave year, availability of leave in the leave bank or limitations imposed by the leave bank board for individual medical emergencies may limit the amount of leave I may receive under the Voluntary Leave Bank Program.

Signature of Prospective Member _____ Date

PART II - TO BE COMPLETED BY THE LEAVE BANK BOARD

TO (Applicant)	FROM	DATE
	Leave Bank Board	

1. Your annual leave donation of _____ hours and your request to become a leave bank member for the specified leave year has/has not been accepted.

2. If your donation has been accepted, your annual leave balance will shortly be reduced by the number of hours donated. Annual leave will not be returned to you after donation unless the leave bank is terminated and a decision is made to return leave to donors.

3. If your donation has not been accepted, it is because _____

Leave Bank Board Representative

Date

APPENDIX D
APPLICATION TO BECOME A LEAVE RECIPIENT UNDER THE
VOLUNTARY LEAVE BANK PROGRAM

PRIVACY ACT STATEMENT (5 USC 6311 and 5 CFR 630)

Social Security Number and other data provided will be used in the operation of the Voluntary Leave Bank Program for the purpose of verifying balances and making appropriate leave transactions. Disclosure is mandatory. Failure to provide required information will result in non-acceptance of application to participate in the Voluntary Leave Bank Program.

TO BE SUBMITTED TO THE EMPLOYEE'S IMMEDIATE SUPERVISOR

TO:

FROM:

SUBJECT: Medical Emergency

This is a request to be designated as a leave recipient under the Voluntary Leave Bank Program. This request is submitted because I am (or a family member is) affected by a medical emergency which will or is expected to require my absence from duty for a prolonged period of time and to result in a substantial loss of income because of the unavailability of paid leave. I request that the leave bank board approve my request in order that I may receive annual leave donations from the leave bank.

INFORMATION REQUIRED TO SUPPORT THIS REQUEST

Reasons why leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency, and if it is a recurring one, the approximate frequency of the medical emergency affecting the potential leave recipient. ****MEDICAL INFORMATION MUST BE ATTACHED TO SUPPORT THIS REQUEST****

PERSONAL DATA

NAME (As shown on payroll records): _____

SSN: _____

POSITION, TITLE, & GRADE: _____

ORGANIZATION: _____

ANNUAL LEAVE BALANCE _____ SICK LEAVE BALANCE _____

PAY PERIOD ENDING DATE OF LEAVE BALANCES: _____

ARE YOU A LEAVE BANK MEMBER FOR THE CURRENT LEAVE YEAR ___Yes___No

ARE YOU ALSO REQUESTING LEAVE UNDER THE VOLUNTARY LEAVE TRANSFER
PROGRAM ___Yes___No

EMPLOYEE'S SIGNATURE & Date

CELRD Form 1135-R

12 March 1998

SUPERVISOR'S APPROVAL & Date

CELRD-OR-HR

APPROVAL/DISAPPROVAL OF LEAVE RECIPIENT REQUEST

PART I - TO BE COMPLETED BY THE EMPLOYEE'S CHAIN OF COMMAND

RECOMMENDED DISPOSITION

	Signature	Approval	Disapproval
Immediate Supervisor	_____	_____	_____
Branch/Division	_____	_____	_____
Chiefs as	_____	_____	_____
appropriate	_____	_____	_____
Director/Office Chief	_____	_____	_____

If disapproval is recommended, provide reasons:

PART II - TO BE COMPLETED BY THE LEAVE BANK BOARD

DISPOSITION OF REQUEST TO BECOME A LEAVE RECIPIENT
UNDER THE VOLUNTARY LEAVE BANK PROGRAM

	Signature & Date	Approved	Disapproved
Authorized Deciding Official from the Leave Bank Board	_____	_____	_____

If disapproved, provide reasons: